

5. DISPOSAL Mark the appropriate box and list the name of the company used.

6. CERTIFICATION Read the certification and sign your legal signature. Then print or type your name and official title and date the form.

RETURN THIS FORM TO:

If you marked the block for a regular generator, please mail the completed form and a check payable to SC DHEC-Infectious Waste Section Program (S270) for the annual infectious waste fees as followed:

(a) Generators of 1,000 pounds per month or more will pay an annual fee of \$600.00.

(b) Generators of 50 pounds through 999 pounds per month will pay an annual fee of \$150.00.

All annual billing will be issued on each State Fiscal Year which runs July 1 through June 30 and will be payable within 30 days once received.

SC DHEC
2600 Bull Street
Columbia, SC 29201
Attn: BLWM - Infectious Waste Section

If you need any help completing the form or have questions about its applicability to you, please call the Infectious Waste Generator help line phone number (803) 896-4191 or E-mail address is bakerjf@columb34.dhec.state.sc.us.

For additional forms and copies of the infectious waste regulations 61-105, please log onto: <http://www.scdhec.net/lwm/html/infect.htm>

DHEC 1999 (03/2001)